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## TIME FOR REST

DEAR EDITOR: For some time I have wanted to express my high appreciation of the JOURNAL, and I know of no better time than after reading the article in the October JOURNAL on "A Layman's Opinion." I have heard the argument advanced, particularly by nurses, that only nurses read the JOURNAL, and sometimes a physician, if he chances to see one in a hospital. The JOURNAL should find a large circulation and a place in the home with the monthly magazines. It keeps people in touch with the nursing world, and might create in the minds of the public more charity and less criticism towards the trained nurse. The fault is not always on the nurse's side, for, as the layman expresses the situation, the family where the nurse enters often has no thought for the nurse but all for the patient. If we as nurses would consider that there are rights due us as a profession, and that the family and, nine times out of ten, the physician, too, is too much engrossed with anxiety to consider the nurse, but that we can and should demand our time for rest and sleep, then no misunderstanding could arise. I for one have had many trying cases, but I have yet to find any one object to my taking a reasonable rest. The point to be remembered is for the doctor and nurse to work together, and surely there are too many noble men in the medical profession to wish to see the nurse "put upon" or refused the proper time for rest and sleep. The intelligent, well-trained nurse can and should so arrange her work, with the proper tact, as to get the needed sleep.

Many times the nurse gauges her strength and endurance by her overworked "superhuman strength" in training. Nurses' hours should be set lower even in training to what the average intelligent man or woman in any other profession has, namely, *eight hours a day*. If superintendents would more generally cut down the long hours in training, we would be better fitted for the struggle we meet in our private work as graduates. The hours of the average nurse are from fourteen to eighteen a day; in training they are ten hours, with classes and lectures extra. How often is the overworked, tired, pupil nurse called back on duty after a busy, trying day to be put on as a "special"—foot-sore, heart-sick, and discouraged, and for what? to fit us for what we must endure as graduates in private duty.

Spare the nurse in training, teach her to know how to take care of herself. By so doing she is better fitted to care for her patient; and the doctor who considers the nurse a "human machine" will soon learn that the nurse does not think first of herself but of her patient, by being able to take care of herself, and will be bright and cheerful in the sick room. N. W., R.N.

## CARE OF MALE PATIENTS

## I.

DEAR EDITOR: A nurse on night duty, while in training, had a patient having uræmic convulsions. She called the night orderly and, instead of losing time by sending him to waken a physician and waiting for him to dress, had the orderly hold the unconscious patient and keep him from biting his tongue while she catheterized him. You can imagine how the confidence thus gained helped her when, after graduating, she was telegraphed for to

go into the country to a patient the doctor would see next day. The patient was suffering agonies and received immediate relief upon catheterization.

In the few cases like this, all honor to the nurse whose privilege it is to relieve suffering, but when people have criticized our profession, and called us hard-hearted and immodest, it has always been my proud boast that in the training school from which I graduated the nursing staff and doctors guarded and shielded the morals and modesty of their nurses in training as a parent would a child.

K. L.

## II.

DEAR EDITOR: If I could express myself half as well as C. R. K. has in her letter in the October JOURNAL, I would have written long before this. I agree entirely with everything she said. I have never found it necessary to catheterize a male patient since I graduated, eight years ago. I would do it in cases of emergency as readily as for my own sex.

I wish to relate what I encountered in a small, long-established hospital while substituting. The superintendent's ambition was to train her pupils to the highest standards, morally as well as professionally. No interne was allowed in the hospital, because he might become too familiar with the nurses. When making rounds one morning I saw recorded on a history sheet, "Catheterized, 2 A.M." Calling the nurse, I asked who did this and she said, "Why, I did." The patient, a big strong man, convalescent and walking about, had had an operation six weeks before for appendicitis. The nurse was a pretty young girl of nineteen. Who can explain this situation? The superintendent is a good, conscientious woman, and this must be in keeping with her code of morals, because she wore herself out trying to do the right thing in every way. The president of the board told me that some of their best nurses had gone astray.

The superintendents of my own school were noble, queenly women, broad-minded in every sense of the word, and did not teach us to catheterize male patients; likewise we were not taught to neglect such a duty in case of emergency. The old saying that there is a time and place for everything ought to settle this much-discussed subject in the nursing field.

"A Layman's Opinion" ought to be published in the medical journals, just as a reminder to the doctors, who will forget though they have the best intentions.

I want to add that I borrowed money to secure the JOURNAL for this year, because I consider it necessary to my daily life.

A. B., R.N.

NOTE.—Letters from "Reader" and from "E. N." cannot be published, as the full name and address of the writers are not sent with them.